

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



October 29, 2004
Date Mailed

Adrian Villarreal
Name

Signature

October 29, 2004
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Zosel *et al.*

Serial No.: 10/052,677

Filed: January 18, 2002

For: CAMERA POSITIONING AND
CONFIRMATION FEEDBACK
SYSTEM

Docket No.: 5557.P006

Examiner: Allyson N. Trail

Art Unit: 2876

*entered per
RCE Reg.
12/9/04
ahr*

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT B AFTER FINAL REJECTION
(37 C.F.R. § 1.116)

Sir:

This amendment is submitted in response to the Office Action mailed July 29, 2004, for the above-noted patent application.

Applicants respectfully request that the Examiner do the following with this amendment:

1. Please enter the amendments to the specification, if any, in section I.
2. Please enter the amendments to the claims, if any, in section II.
3. Please consider the specification amendments in section I and the claims in section II in view of the remarks in section III.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number 10/052677		
CLAIMS AS FILED – PART I								
(Column 1)		(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA						
BASIC FEE (37 CFR 1.16(a))								
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		*					
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		*					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								
<p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>								
CLAIMS AS AMENDED – PART II								
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	RCE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(c))	29	Minus	29	=			
	Independent (37 CFR 1.16(b))	5	Minus	5	=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(c))	29	Minus	29	=			
	Independent (37 CFR 1.16(b))	5	Minus	5	=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(c))	*	Minus	**	=			
	Independent (37 CFR 1.16(b))	*	Minus	***	=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.